

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED NOV 22 1963

Primary Registration District No.

1003

Registrar's No.

11273 63-043927

STATE OF MISSOURI

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
St. Louis

Length of stay in 1b  
5 1/2 wks.

c. FULL NAME OF (If NOT in hospital, give location)  
FRISCO HOSPITAL

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

St. Louis

c. CITY OR TOWN

Bellefontaine Neighbors

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS

ST. LOUIS, MO.  
1230 Dan Drive

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Leo

Middle

V.

Last

Rammes

## 4. DATE OF DEATH

Month

Nov.

Day

13

Year

1963

## 5. SEX

M

## 6. COLOR OR RACE

W

## 7. Married

☒ Never Married ☐ Divorced ☐ Widowed ☐

## 8. DATE OF BIRTH

1/20/1885

## 9. AGE (last birthday)

78

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Asst. Gen. Freight Agent

## 10b. KIND OF BUSINESS OR INDUSTRY

Railroad

## 11. BIRTHPLACE (City and state or country)

Mt. Olive, Illinois

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

FRED RAMMES

## 13b. MOTHER'S MAIDEN NAME

Burns

## 14. NAME OF HUSBAND OR WIFE

Ida Rammes

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Ida Rammes - 1230 Darr Dr.

## 18. CAUSE OF DEATH (Enter only one cause)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Pneumonia - terminal

#### DUE TO (b)

Chronic Lymphatic Leukemia

#### DUE TO (c)

204.0

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

11-14-63

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

## 20b. SUICIDE

## 20c. HOMICIDE

## 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20e. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20h. CITY, TOWN, OR LOCATION

## 20i. COUNTY

## 20j. STATE

## 21. I did not attend the deceased from Death occurred at 11:10

to and last saw him alive on called to pronounce patient dead.

## 22a. SIGNATURE

(Degree or title)

D. Wolfson, M.D.

## 22b. ADDRESS

4960 Laclede, St. Louis

## 22c. DATE SIGNED

Nov. 13, 1963

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

## 23b. DATE

Nov. 16, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County

## 23e. STATE

Missouri

## 24. FUNERAL DIRECTOR

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

BUCHHOLZ MORTUARY-5967 W. Florissant Ave.

NOV 14 1963

Roan Smith, M.D.

1901.02  
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1901.02  
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1901.02  
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1901.02  
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1901  
Faint text in the lower middle right section.

**STATEMENT BY LICENSED EMBALMER**

1901  
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0-23

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Richard H. B...*  
Licensed Embalmer No. 4551

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1901.02

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